Case 23-42096-mxm11 Doc 2 Filed 07/20/23 Entered 07/20/23 16:05:31 Desc Main Document Page 1 of 4

Fill in this inform	mation to ide	entify the case	:		
Debtor name	Premier M	edical, Inc.			
United States E	Bankruptcy (Court for the:	NORTHERN DISTRICT OF TEXAS		Check if this is an
Case number (if known):	23-42096			amended filing

Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim. Total claim, if Deduction for value of collateral or setoff		
Clear Health Pass Holdings, LLC Tribal Agent of Blue Lake Rancheria EDC c/o The Native American Venture Fund 30 Wall Street, 8th Floor				pertiany secured	or conateral of seton	\$5,000,000.00
New York, NY 10005 CloudFund LLC 400 Rekka Blvd., Ste. 165-101 Suffern, NY 10901		Merchant Loan				\$270,000.00
Diversified Property Ventures, LLC c/o Cushman & Wakefield PO Box 5160 Glen Allen, VA 23058						\$129,987.00
Experian Health Inc. PO Box 846133 Los Angeles, CA 90084						\$128,316.00
Fisher Healthcare Attn: 001686 Atlanta, GA 30384						\$73,433.00
Greenville County Tax Assessor 301 University Ridge, Suite 700 Greenville, SC 29601						\$214,424.00
Illumina Inc 12864 Collection Center Dr Chicago, IL 60693						\$333,444.00

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Debtor Premier Medical, Inc.

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
		,		Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Jant Pharmacal				, , , , , , , , , , , , , , , , , , , ,		\$107,773.00
Corp 16530 Ventura Blvd #512						
Encino, CA 91436						£405 400 00
Kudzu Staffing Inc PO Box 51627						\$105,199.00
Powdersville, SC						
29673						
Lab Logistics LLC						\$112,784.00
PO Box 84938						, , , , , , , , , , , , , , , , , , ,
Chicago, IL 60689-4000						
Legacy Capital 26,						\$1,167,250.00
LLC						
290 Harbor Drive						
Stamford, CT 06902						\$204,586.00
Life Technologies Corp.						\$204,566.00
12088 Collection						
Center Drive						
Chicago, IL 60693						
Myhommelabs						\$90,000.00
6366 College Blvd						
Overland Park, KS						
66211						£440.000.00
Pulse Consulting 2400 Veterans Mem Blvd 510						\$110,000.00
Kenner, LA 70062						
Quest Diagnostics						\$151,339.00
Atl						
PO Box 74736						
Atlanta, GA 30374						****
Radla Capital LLC						\$329,868.00
161-10A Unition Street, 2nd Floor						
Flushing, NY 11366						
Roche Diagnostics						\$120,000.00
Corp						, ,
Mail Code 5508						
Charlotte, NC 28272						
UPS						\$124,793.00
PO Box 7247-0244						
Philadelphia, PA 19170						
Vessell Medical						\$6,923,182.00
6000 A Pelham Road						ψυ,σευ, ισε.συ
Greenville, SC 29615						

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Debtor	Premier Medical, Inc.	Case number (if known)	
	Name		

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Vox Funding SPV1, LLC 14 E 44th Street, 4th Floor New York, NY 10017						\$1,456,000.00

Fill in this information to identify the case:	
Debtor name Premier Medical, Inc.	
United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS	
Case number (if known)23-42096	☐ Check if this is an amended filing
Official Form 202	
Declaration Under Penalty of Perjury for Non-Individu	ial Debtors 12/15
An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partner form for the schedules of assets and liabilities, any other document that requires a declaration that is not a amendments of those documents. This form must state the individual's position or relationship to the deb and the date. Bankruptcy Rules 1008 and 9011. WARNING Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtain connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or 1519, and 3571. Declaration and signature	included in the document, and any tor, the identity of the document, ning money or property by fraud in
I am the president, another officer, or an authorized agent of the corporation; a member or an authorized ag individual serving as a representative of the debtor in this case.	ent of the partnership; or another
I have examined the information in the documents checked below and I have a reasonable belief that the inf	ormation is true and correct:
☐ Schedule A/B: Assets–Real and Personal Property (Official Form 206A/B)	
Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)	
 Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F) Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G) 	
Schedule H: Codebtors (Official Form 206H)	
Summary of Assets and Liabilities for Non-Individuals (Official Form 206Sum)	
 ☐ Amended Schedule ☐ Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and 	Are Not Insiders (Official Form 204)
Other document that requires a declaration	,
I declars under populty of porium that the foregoing is true and extract	
I declare under penalty of perjury that the foregoing is true and correct.	
Executed on July 20, 2023 X Signature of individual signing on behalf of debtor	-
Signature of individual signal of behalf of debtor	

President

Position or relationship to debtor